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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 090200005		CITY OR TOWN	NORTHBO	ROUGH
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20	13
	CLASS			YEAR
LICENSEE NAME: WEST END CO	ORP.			
DOING BUSINESS A WHITE CLIF	FS REST.			
ADDRESS 167 EAST MAIN ST.				
CITY/TOWN: NORTHBOROUGH	STATE: MA	ZIP CODE:	01532	
MANAGER: LOPRESTI, MICHAEL	TYPE OF LICENSE: Res	staurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS		•
DESCRIPTION OF LICENSED PRE				
2 STORY FRAME BLDG. W/SEVEI ROOMS, THREE ROOMS ON SECO				DINING
 the renewed license will be the licensee has complied v the premises are now open 	e of the same type for the with all laws of the Comm	nonwealth relating to		
SIGNED BY Individual, Par	tner or Authorized Corpo	rate Officer		
DATE: TELEPH	ONE NUMBER:	EMPLOYER (Note: NOT Ind	IDENTIFICAT	
We the undersigned, attest that we Acts of 2004, signed by the building named license and (2) the certificat of 2010.	g inspector and the head	l of the fire departi	nent for the	above
Please Check Below:		LOCAL LICENS	ING AUTHO	ORITY
APPROVED:		By:		
DISAPPROVED:				
(If disapproved explain)				
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	090200006		CITY OR IC	JWN NORTH	OCKOUGH
APPLICATION FOR	RENEWAL:	Annual	L	ICENSED FOR	2013
		CLASS			YEAR
LICENSEE NAME:	SARRO ENTITIES I	LLC			
DOING BUSINESS A	JJ'S SPORTS BAR	& GRILL			
ADDRESS JCT. RTE	S 9 & 20				
CITY/TOWN: NOR	ГНВОROUGH	STATE: MA	ZIP COD	DE: 01532	
MANAGER: SARR	O, PETER TYPE	OF LICENSE: Res	staurant	CATEGORY	: All Alcohol
EMAIL ADDRESS:					
PI	LEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR EN	MAIL ADDRESS		
DESCRIPTION OF L	ICENSED PREMISE	S:			
restaurant and bar to in rear and side	nclude outside deck, o	one entrance located	d on rte 20 side	e of bldg and exi	ts at front,
I hereby certify and sw	ear under penalties of	f perjury that:			
1. the renewed	d license will be of the	e same type for the	same premises	s now licensed;	
2. the licensee	e has complied with al	ll laws of the Comr	nonwealth rela	ating to taxes; and	1
3. the premise	es are now open for bu	usiness (If not expla	ain below)		
SIGNED BY	Individual, Partner or	r Authorized Corne	orata Officar		
	marviauai, raimei oi	Addionzed Corpc	orate Officer		
DATE:			EMDI	LOYER IDENTIFICA	ATION NI IMPED.
DATE.	TELEPHONE	NUMBER:		OT Individual Social	
We the undersigned, Acts of 2004, signed named license and (2 of 2010.	by the building insp	ector and the head	d of the fire de	epartment for th	ne above
Please Check Below:			LOCAL LI	CENSING AUTI	HORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	n)				
			-		
DATE			-		
DATE:					



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LICENSE NUMBER: 090200007		CITY OR TOWN NORTHBOROUG	iH
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013	
	CLASS	YEAR	
LICENSEE NAME: C.J RESTAURANT E DOING BUSINESS A CELTIC TAVERN	NTERPRISES, L	LC	
ADDRESS LAWRENCE ST. & RTE 9			
CITY/TOWN: NORTHBOROUGH	STATE: MA	ZIP CODE: 01532	
MANAGER: KOULISIS, SPIRO TYPE	OF LICENSE: Res	staurant CATEGORY: All Al	cohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEBSI		MAIL ADDRESS	
DESCRIPTION OF LICENSED PREMISES ONE STORY RESTAURANT W/ KITCHE ROOM IN CELLAR. ENT/EXIT ON BWLM	N, DINING ROO		Έ
I hereby certify and swear under penalties of	perjury that:		
1. the renewed license will be of the	same type for the	same premises now licensed;	
2. the licensee has complied with all3. the premises are now open for bus		· ·	
SIGNED BY Individual, Partner or	Authorized Corpo	orate Officer	
DATE: TELEPHONE N	NUMBER:	EMPLOYER IDENTIFICATION NUI (Note: NOT Individual Social Security N	
We the undersigned, attest that we are in Acts of 2004, signed by the building inspendent license and (2) the certificate of liq of 2010.	ctor and the head	d of the fire department for the above	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHORITY By:	
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	:090200011		CITY OR TOWN	NORTHBO	OROUGH
APPLICATION FOR	RENEWAL:	Annual	LICEN	ISED FOR 20	013
		CLASS			YEAR
DOING BUSINESS A	CHET'S DINER, IN	C.			
ADDRESS RTE. 20		CT A TT	am cope	04.500	
CITY/TOWN: NOR		STATE: MA		01532	
MANAGER: FIDR	YCH JESSICA TYPE	E OF LICENSE: R	estaurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEB		EMAIL ADDRESS		
DINER W/ ATTACH AND CELLAR FOR	LICENSED PREMISE IED DINING ROOM STORAGE, ENTRAI	AND ADJACEN NCES AND EXIT		ER W/ KITCI	HEN
 the renewe the license 	wear under penalties of ad license will be of the e has complied with a es are now open for b	e same type for the laws of the Con	nmonwealth relating		
SIGNED BY	Individual, Partner o	r Authorized Cor	porate Officer		
DATE:	TELEPHONE	NUMBER:			TION NUMBER: Security Number)
Acts of 2004, signed	, attest that we are in by the building insp 2) the certificate of li	ector and the he	ad of the fire depart	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	in)		LOCAL LICEN: By:	SING AUTH	ORITY
DATE:					



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LICENSE NUMBER: 0	90200015		CITY OR TOWN	NORTHBO	DROUGH
APPLICATION FOR R	ENEWAL:	Annual	LICEN	SED FOR 20)13
		CLASS			YEAR
LICENSEE NAME: F	RE-MAR, INC.				
DOING BUSINESS A	THE STEAKLOFT	Γ REST.			
ADDRESS 369 WEST	MAIN ST.				
CITY/TOWN: NORTI	HBOROUGH	STATE: MA	ZIP CODE:	01532	
MANAGER: JOHNS ALAN	ON, MARK TYPE	E OF LICENSE: Res	staurant C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLE	ASE ALSO VISIT OUR WEE	BSITE AND ENTER YOUR E	MAIL ADDRESS		J
DESCRIPTION OF LIC	CENSED PREMISI	ES:			
LOWER LEVEL OF C FOR DINING AREA, I KITCHEN, STORAGE	LOUNGE, OFFICE	, BAR AREA, SUP	PLY ADDITIONAL		
I hereby certify and swe	ar under penalties o	of perjury that:			
1. the renewed	license will be of th	ne same type for the	same premises now	licensed;	
2. the licensee l	has complied with a	all laws of the Comr	nonwealth relating t	o taxes; and	
3. the premises	are now open for b	ousiness (If not explain	ain below)		
SIGNED BY	ndividual, Partner o	or Authorized Corpo	orate Officer		
DATE:			EMBI OVE		YON NI IMPED.
DATE.	TELEPHONE	NUMBER:			TON NUMBER: ecurity Number)
We the undersigned, a Acts of 2004, signed b named license and (2) of 2010.	y the building insp	pector and the head	l of the fire depart	ment for the	above
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:	, 0 110 111	
DISAPPROVED:			•		
(If disapproved explain)	J				
D.A.TEC					
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:)90200019		CITY OR TOWN	NORTHBO	DROUGH
APPLICATION FOR I	RENEWAL:	Annual	LICEN	ISED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: J	J.R.B., INC				
DOING BUSINESS A	NORTHBORO L	IQUORS			
ADDRESS 15 WEST I	MAIN STREET				
CITY/TOWN: NORT	HBOROUGH	STATE: N	MA ZIP CODE:	01532	
MANAGER: BURB	Y, JOHN R TY	PE OF LICENSE	E:Package Store C	ATEGORY:	All Alcohol
EMAIL ADDRESS:]
PLI	EASE ALSO VISIT OUR W	EBSITE AND ENTER YO	OUR EMAIL ADDRESS		_
DESCRIPTION OF LI	CENSED PREMI	SES:			
			DIVIDED INTO A RET LAVATORIES, ALL O		
I hereby certify and swe					
1. the renewed	license will be of	the same type for	r the same premises now	licensed;	
		* *	Commonwealth relating t		
	s are now open for		=	,	
SIGNED BY					
	Individual, Partner	or Authorized C	Corporate Officer		
DATE:	TELEPHON	E NUMBER:	EMPLOYE	R IDENTIFICAT	TION NUMBER:
			(Note: NOT Individual Social Security Number)		
Please Check Below:			LOCAL LICEN		ODIEN
APPROVED:			LOCAL LICENS	SING AUTHO	ORITY
DISAPPROVED:	1		By:		
(If disapproved explain	ı)				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 090200020		C	II Y OR IC	JWN	NORTHD	OKOUGH
APPLICATION FOR	RENEWAL:	Annua	1	L	ICEN:	SED FOR 2	2013
		CLAS	S				YEAR
LICENSEE NAME: DOING BUSINESS	A BACON'S WINE		NORTH	BOROUGI	H LLC	!	
ADDRESS 308 MAI	N STREET						
CITY/TOWN: NOR	THBOROUGH	STATE:	MA	ZIP COD	E:	01532	
MANAGER: BACC CHAI	ON, TYP	E OF LICENS	E:Packa	ge Store	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:							
I	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER Y	OUR EMAI	L ADDRESS			
DESCRIPTION OF I							
ONE STORY CONC DISPLAY ROOM, E				OLER, STO	ORE R	ROOM, ANI	D
2. the license	ed license will be of the has complied with a ses are now open for b	he same type for all laws of the	or the sa Common	nwealth rela			
SIGNED BY	Individual, Partner	or Authorized	Corpora	e Officer			
DATE:	TELEPHONE	E NUMBER:					TION NUMBER: Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expla	in)			LOCAL LI	CENS	ING AUTH	IORITY
DATE:							



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUM	/IBER: 090200022		CITY OR TO	WN NORTHBO	OKOUGH
APPLICATION	N FOR RENEWAL:	Annual	LI	CENSED FOR 2	013
		CLASS			YEAR
DOING BUSIN	ME: Honey Farms, Inc NESS A Honey Farms WEST MAIN ST				
	NORTHBOROUGH	STATE: MA	ZIP COD	E: 01530	
MANAGER:		PE OF LICENSE: Pa		CATEGORY:	Wine and Malt Regular
EMAIL ADDR	ESS:				
	PLEASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR I	EMAIL ADDRESS		_
-	N OF LICENSED PREMIS NTRANCES ON WEST N MINI MALL.		OOR, ONE ROO	OM, FREEZER A	REA,
2. the la	enewed license will be of icensee has complied with premises are now open for Individual, Partner	all laws of the Com	nmonwealth rela lain below)		
DATE:	TELEPHON	E NUMBER:		OYER IDENTIFICA' OYER IDENTIFICA' Individual Social S	
Please Check Below APPROVED: DISAPPROVE (If disapproved	D:		LOCAL LIG	CENSING AUTH	ORITY
DATE:					



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LICENSE NUMBER: 09	90200024		CITY OR TOV	VN NORTHB	OROUGH
APPLICATION FOR R	ENEWAL:	Annual	LIC	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: Y	OONG TONG FAMI	LY, CORP.			
DOING BUSINESS A	YOONG TONG THA	A RESTAURAN	Τ		
ADDRESS 278 MAIN S	STREET				
CITY/TOWN: NORTH	IBOROUGH :	STATE: MA	ZIP CODE	: 01532	
MANAGER: LEE, JIN	MMY TYPE O	OF LICENSE: Res	taurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEA	ASE ALSO VISIT OUR WEBSITI	E AND ENTER YOUR EM	IAIL ADDRESS		<u> </u>
DESCRIPTION OF LIC WOOD FRAME STRU VIEW DINING ROOM AND ONE DELIVERY	CTURE CONSISTING ; ONE FRONT ENTR	G OF A KITCHE RANCE AND EX			
SIGNED BY	are now open for busi				
DATE:	TELEPHONE N	UMBER:		YER IDENTIFICA	
			(Note: <u>NO1</u>	Individual Social	Security Number)
We the undersigned, a Acts of 2004, signed by named license and (2) of 2010.	the building inspect	tor and the head	of the fire dep	artment for the	e above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LICE By:	ENSING AUTH	ORITY
DATE:					



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LICENSE NUM	IBER: 090200025		CITY OR TOWN	NORTHBOROUGH	
APPLICATION	FOR RENEWAL:	Annual	SED FOR 2013		
		CLASS		YEAR	
LICENSEE NA	ME: JUNIPER HILL GOI	LF COURSE, INC	2.		
DOING BUSIN	ESS A				
ADDRESS 202	BRIGHAM STREET				
CITY/TOWN:	NORTHBOROUGH	STATE: MA	ZIP CODE:	01532	
	DARLING, TYPE DUDLEY	OF LICENSE: R	estaurant C.	ATEGORY: All Alcohol	
EMAIL ADDRI	ESS:				
	PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION	OF LICENSED PREMISE	S:			
ROOMS ON TH	WOOD FRAME BUILDING HE SECOND FLOOR, INC GROUNDS WITH ENTRA	LUDING A BASI	EMENT, DECK ANI	D AND	
I hereby certify	and swear under penalties o	f perjury that:			
1. the re	enewed license will be of the	e same type for th	e same premises now	licensed;	
2. the li	censee has complied with a	ll laws of the Com	monwealth relating t	o taxes; and	
3. the p	remises are now open for bu	usiness (If not exp	lain below)		
SIGNED BY	Individual, Partner of	r Authorized Corp	oorate Officer		
DATE:	TELEPHONE	NUMBER:	EMPLOYER IDENTIFICATION NUMBER:		
			(Note: NOT Inc	lividual Social Security Number)	
Acts of 2004, si	igned, attest that we are in igned by the building insp and (2) the certificate of li	ector and the hea	id of the fire departi	ment for the above	
Please Check Below	<u>v:</u>		LOCAL LICENS	SING AUTHORITY	
APPROVED:			By:		
DISAPPROVEI					
(If disapproved	explain)				
			-		
DATE:					
DITTE.					



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LICENSE NUMBER	: 090200026		CI	IY OR IOW	N NORTHBO	OKOUGH	
APPLICATION FOR	RENEWAL:	Annual			LICENSED FOR 2013		
		CLAS	S			YEAR	
LICENSEE NAME: DOING BUSINESS		OLF COURSE,	, INC.				
ADDRESS 169 BRIG	GHAM STREET						
CITY/TOWN: NOF	THBOROUGH	STATE:	MA	ZIP CODE:	01532		
MANAGER: DAR DUD		PE OF LICENS	SE:Restau	rant	CATEGORY:	Wine and Malt Regular	
EMAIL ADDRESS:							
:	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER Y	YOUR EMAIL	ADDRESS		_	
DESCRIPTION OF	LICENSED PREMIS	SES:					
TWO STORY WOO SECOND FLOOR, C AND EXITS ON BR	ELLAR AND PATI						
	ee has complied with ses are now open for Individual, Partner	business (If no	t explain	below)	g to taxes; and		
D. 1.000							
DATE:	TELEPHON	E NUMBER:			YER IDENTIFICAT Individual Social S		
				(11010. <u>110 1</u>	marviduai sociai s	ecunty (vumber)	
We the undersigned Acts of 2004, signed named license and of 2010.	by the building ins	spector and the	e head of	the fire depa	artment for the	above	
Please Check Below:			I	OCAL LICE	ENSING AUTHO	ORITY	
APPROVED:			I	Ву:			
DISAPPROVED: [in)		-				
(11 disappioved expla	,						
			•				
DATE:			•				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0	90200027		CITY OR TOW	N NORTHBO	JKUUGH
APPLICATION FOR R	ENEWAL:	Annual	LIC	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: R DOING BUSINESS A ADDRESS 293 WEST		& WINE INC.			
CITY/TOWN: NORT		STATE: MA	ZIP CODE:	01532	
MANAGER: PATEL A.				CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
		EBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF LIC				TDANCES ON	IE DE AD
FREE STANDING BU OFFICE WITH EXIT A			I WO FRON I EN	TRANCES, ON	E KEAK
2. the licensee	has complied with	the same type for the all laws of the Corbusiness (If not exp	nmonwealth relatir		
SIGNED BY	ndividual, Partner	or Authorized Cor	porate Officer		
DATE:	TELEPHON	E NUMBER:		YER IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain))		LOCAL LICE By:	ENSING AUTH	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 09020	00028		CITY OR TOWN	NORTHBO	OROUGH
APPLICATION FOR RENE	EWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: HARS	SH, INC				
DOING BUSINESS A COL	JNTRY DISCOUNT	LIQUORS			
ADDRESS 411 WEST MAI	IN STREET				
CITY/TOWN: NORTHBO	ROUGH STA	TE: MA	ZIP CODE:	01532	
MANAGER: PATEL, SH	AILESH TYPE OF L	ICENSE: Pac	kage Store C	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEASE A	LSO VISIT OUR WEBSITE AND	ENTER YOUR EN	IAIL ADDRESS		_
DESCRIPTION OF LICENS	SED PREMISES:				
2900 SQ. FT. OF RETAIL S AND OFFICE WITH MAIN ADDITIONAL ENTRANCE	ENTRANCE FRON	TING ON W	EST MAIN STRE		
2. the licensee has c	ase will be of the same complied with all laws now open for business	type for the of the Comn	nonwealth relating		
SIGNED BY Indivi	idual, Partner or Auth	orized Corpo	rate Officer		
DATE:			EMBLOW		IION NUMBER:
DATE.	TELEPHONE NUMI	BER:			Security Number)
Please Check Below:			LOCAL LICEN	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved explain)					
(and the state of					
DATE:					



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LICENSE NUMBER: 09020003)1	CITY OR TOWN IN	JKINBOKOUGH
APPLICATION FOR RENEWA	AL: Annual	LICENSED	FOR 2013
	CLASS		YEAR
LICENSEE NAME: ANTHON	NY J TOMAIOLO		
DOING BUSINESS A A. J.'S I	PUB		
ADDRESS 411 WEST MAIN S	ST		
CITY/TOWN: NORTHBORO	UGH STATE: MA	ZIP CODE: 0	1532
MANAGER: TOMAIOLO, ANTHONY J.	TYPE OF LICENSE: Re	estaurant CATE	EGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO	VISIT OUR WEBSITE AND ENTER YOUR F	EMAIL ADDRESS	
DESCRIPTION OF LICENSED	PREMISES:		
DINING ROOM, BAR AND LO		EXIT AT THE FRONT	OF BLDG AND
SIGNED BY	open for business (If not explant)		
DATE: TE	LEPHONE NUMBER:	EMPLOYER IDE	ENTIFICATION NUMBER:
12	BEITIGIVE IVOIVIBER.	(Note: NOT Individu	ual Social Security Number)
We the undersigned, attest th Acts of 2004, signed by the bunamed license and (2) the cert of 2010.	ilding inspector and the hea	d of the fire departmen	t for the above
Please Check Below:		LOCAL LICENSING	G AUTHORITY
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
(11 disappiovod explaili)			
DATE:			



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LICENSE NUMBER	: 090200032		CITY OR TO	WN NORTHBO	OKOUGH
APPLICATION FOR	RENEWAL:	Annual	LIC	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	VINCENT F. P	PICARD POST 234			
DOING BUSINESS	A AMERICAN	LEGION			
ADDRESS 402 WES	T MAIN ST				
CITY/TOWN: NOR	THBOROUGH	STATE: MA	ZIP CODE	E: 01532	
MANAGER: MAR THO		ГҮРЕ OF LICENSE: <mark>V</mark>	eterans club	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF I	LICENSED PRE	MISES:			
CELLAR AND APA	RTMENT FOR (FOR BOCCE CO	MAIN ST, TWO STO CUSTODIAN ON SEC OURTS WITH ENTRA	COND FLOOR A	ND FULLY ENG	CLOSED
I hereby certify and s	wear under penal	ties of perjury that:			
1. the renew	ed license will be	of the same type for the	ne same premises	now licensed;	
2. the license	e has complied v	with all laws of the Con	nmonwealth relati	ing to taxes; and	
3. the premis	ses are now open	for business (If not exp	olain below)		
SIGNED BY	Individual, Par	tner or Authorized Corp	porate Officer		
D 4 TF					
DATE:	TELEPH	ONE NUMBER:		OYER IDENTIFICAT f T Individual Social S	
			(Note. No	I marviduai Sociai s	Security Number)
Acts of 2004, signed	by the building	are in possession (1) t g inspector and the hea e of liquor liability ins	ad of the fire dep	partment for the	above
Please Check Below:			LOCAL LIC	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	in)				
DATE.					
DATE:					



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LICENSE NUMBE	R: 090200034		CITY O	R TOWN	NORTHBO	ROUGH
APPLICATION FO	R RENEWAL:	Annual		LICEN	SED FOR 20	013
		CLASS				YEAR
LICENSEE NAME:	COMPETE, INC.					
DOING BUSINESS	A ROMAINE'S					
ADDRESS 299 WE	ST MAIN ST					
CITY/TOWN: NO	RTHBOROUGH	STATE: N	IA ZIP	CODE:	01532	
MANAGER: RON	MAINE, ERIN TYPE	OF LICENSE	:Restaurant	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER YO	UR EMAIL ADDRE	CSS		
DESCRIPTION OF	LICENSED PREMISE	S:				
area and enclosed pa	ce restaurant with a mainatio/function room with a exit in dining room, ba	two restrooms	in the dining	room and o		
I hereby certify and	swear under penalties of	f perjury that:				
	ved license will be of the	• •	-			
	see has complied with all			•	taxes; and	
3. the premi	ises are now open for bu	usiness (If not e	explain below	7)		
SIGNED BY	Individual, Partner or	r Authorized C	orporate Offi	cer		
DATE:	TELEPHONE	NUMBER:		EMPLOYER	IDENTIFICAT	ION NUMBER:
			(No	ote: <u>NOT</u> Ind	ividual Social Se	ecurity Number)
Acts of 2004, signe	ed, attest that we are in d by the building insp (2) the certificate of li	ector and the l	nead of the f	ire departı	nent for the	above
Please Check Below:			LOCA	L LICENS	ING AUTHO	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved expl	aiii)					
						
DATE:						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 090200	035	CITY OR TOWN	NORTHBOROUGH
APPLICATION FOR RENEW	VAL: Annual	LICEN	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: JACK A	AZAR & ELIAS AZAR		
DOING BUSINESS A NORT	THBORO CENTER GASOLII	NE	
ADDRESS 36 WEST MAIN S	STREET		
CITY/TOWN: NORTHBOR	OUGH STATE: MA	ZIP CODE:	01532
MANAGER:	TYPE OF LICENSE:	Package Store CA	ATEGORY: Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE ALSO	O VISIT OUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS	
DESCRIPTION OF LICENSE	ED PREMISES:		
A SELF SERVICE GAS STA' STORE WITH AN ENTRANGE			
3. the premises are no SIGNED BY	mplied with all laws of the Co. w open for business (If not ex	plain below)	, tartes, tand
Individ	ual, Partner or Authorized Con	porate Officer	
DATE: T	ELEPHONE NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
Please Check Below: APPROVED:			ING AUTHORITY
DISAPPROVED:		By:	
(If disapproved explain)			
DATE:			



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LICENSE NUMBER	: 090200036		CITY OR TOWN	NORTHBO	OKOUGH
APPLICATION FOR	R RENEWAL:	Annual	LICEN	ISED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	INDOOR SPORTS	MANAGEMENT IN	IC.		
DOING BUSINESS	A REPLAYS				
ADDRESS 185 OTIS	S ST				
CITY/TOWN: NOR	RTHBOROUGH	STATE: MA	ZIP CODE:	01532	
MANAGER: LOV	EN, JEFFREY TYI	PE OF LICENSE: Rest	caurant C	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
L	PLEASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR EM	AIL ADDRESS		_
DESCRIPTION OF I	LICENSED PREMIS	SES:			
LOUNGE AND CONFUNTION AREA, IN	NCESSION AREA V NCLUDING AN OU	DOOR SPORTS CON VITH SEATING FOR TSIDE PICNIC ARE A PERIODIC BASIS.	120 PATRONS. A, WILL PROVID	A S EPARA	ΓED
I hereby certify and s	wear under penalties	of perjury that:			
1. the renew	ed license will be of	the same type for the s	same premises now	licensed;	
	•	all laws of the Comm business (If not explain	· ·	to taxes; and	
SIGNED BY	Individual, Partner	or Authorized Corpor	rate Officer		
DATE:	TELEPHON	E NUMBER:	EMPLOYE	R IDENTIFICAT	TON NUMBER:
			(Note: NOT In	dividual Social S	ecurity Number)
Acts of 2004, signed	by the building ins	in possession (1) the spector and the head liquor liability insur	of the fire depart	ment for the	above
Please Check Below:			LOCAL LICENS	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	in)				
			-		
DATE:					
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R: 090200040		CITY OR TOWN	NORTHBO	OROUGH	
APPLICATION FO	R RENEWAL:	Annual	LICENSED FOR 2013			
		CLASS			YEAR	
LICENSEE NAME:	COFFMAN SPECIA	LTIES CORPOR	ATION			
DOING BUSINESS	A ARMENO COFFE	E ROASTERS				
ADDRESS 75 OTIS	STREET					
CITY/TOWN: NO	RTHBOROUGH	STATE: MA	ZIP CODE:	01532		
	FMAN, TYPE IRLES	OF LICENSE: P	ackage Store CA	ATEGORY:	Wine and Malt Regular	
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR WEBS		EMAIL ADDRESS			
	LICENSED PREMISE					
	FIS ST. RETAIL SPAC FFEE ROASTING SPA EMENT.					
2. the licens	yed license will be of the ee has complied with a ses are now open for bu	ll laws of the Con	nmonwealth relating to			
SIGNED BY	Individual, Partner o	r Authorized Cor	oorate Officer			
DATE:	TELEPHONE	NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)			
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	ain)		LOCAL LICENS By:	ING AUTHO	ORITY	
DATE:						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	090200042		CITY OR TO	WN NORTHB	OROUGH	
APPLICATION FOR	RENEWAL:	Annual	LI	CENSED FOR 2	2013	
		CLASS			YEAR	
LICENSEE NAME:	PADMAVATHI M	OHANRAJU				
DOING BUSINESS A	HELEN'S VARIE	TY				
ADDRESS 292 MAIN	N ST					
CITY/TOWN: NOR	ГНВОROUGH	STATE: M	A ZIP COD	E: 01532		
MANAGER:	TYP	E OF LICENSE:	Package Store	CATEGORY:	Wine and Malt Regular	
EMAIL ADDRESS:						
Pl	LEASE ALSO VISIT OUR WE	BSITE AND ENTER YOU	R EMAIL ADDRESS			
DESCRIPTION OF L	ICENSED PREMIS	ES:				
928 SQFT RETAIL S' ENTRANCE AND EX AND ON BACK DOO	KIT LOCATED AT	FRONT OF THE				
2. the licensee	d license will be of the has complied with the are now open for	all laws of the Co	mmonwealth relat			
SIGNED BY	Individual, Partner	or Authorized Co	rporate Officer			
DATE:	TELEPHON	E NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)			
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	 n)		LOCAL LIC	ENSING AUTH	IORITY	
DATE:						



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LICENSE NUMBER: 090200043		CITY OR TOWN	NORTHBO	ROUGH
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20	13
	CLASS		,	YEAR
LICENSEE NAME: Ti-Amo, Inc DOING BUSINESS A Guiseppe's grille a				
ADDRESS 35 SOLOMON_POND ROAL			01500	
CITY/TOWN: NORTHBOROUGH	STATE: MA	ZIP CODE:	01532	
	PE OF LICENSE: Re	staurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WE DESCRIPTION OF LICENSED PREMIS		MAIL ADDRESS		
BUILDING WITH LARGE KITCHEN, T BAR AND OUTSIDE DECK LOCATED EXIT FACING SOLOMON POND RD, I AND FUNCTION ROOMS	OFF MAIN DININ	G ROOM. FRONT I	ENTRANCE	AND
I hereby certify and swear under penalties 1. the renewed license will be of t 2. the licensee has complied with	the same type for the	•		
3. the premises are now open for	business (If not expl	ain below)		
SIGNED BY Individual, Partner	or Authorized Corpo	orate Officer		
DATE: TELEPHON	E NUMBER:	EMPLOYER (Note: NOT Ind	R IDENTIFICATI	
We the undersigned, attest that we are Acts of 2004, signed by the building ins named license and (2) the certificate of of 2010.	spector and the hea	d of the fire departi	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 09	0200045		CITY	Y OR TOWN	NORTHBO	OROUGH
APPLICATION FOR RI	ENEWAL:	Annual		LICEN	ISED FOR 20	013
		CLASS	\$			YEAR
LICENSEE NAME: TI	HE TEXAS BBQ C	OMPANY				
DOING BUSINESS A	THE TEXAS BBQ	COMPANY				
ADDRESS 309 MAIN S	TREET					
CITY/TOWN: NORTH	IBOROUGH	STATE:	MA Z	ZIP CODE:	01532	
MANAGER: BRANN	ON, DAVIDTYPE	OF LICENSI	E:Restaura	nt C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLEA	ASE ALSO VISIT OUR WEBS	ITE AND ENTER Y	OUR EMAIL AD	DRESS		
DESCRIPTION OF LIC						
APPROX. 1800 S/F IN S OF RESTAURANT; EN						
AND EMPLOYEE RES		The second secon		AR RESTRO	OMS, KITCI	ILIN
I hereby certify and swea	•				1 1.	
	icense will be of the	• •		-		
	as complied with al are now open for bu			_	to taxes; and	
5. the premises a	are now open for bu	isiness (11 not	explain be	iow)		
SIGNED BY						
	ndividual, Partner or	Authorized (Corporate C	Officer		
DATE:	TELEPHONE I	NUMBER:		EMPLOYE	R IDENTIFICAT	TION NUMBER:
				(Note: NOT In	dividual Social S	Security Number)
We the undersigned, at	ttest that we are in	possession (1) the cert	ificate requir	ed by Chapt	er 304 of the
Acts of 2004, signed by	the building inspe	ector and the	head of th	e fire depart	ment for the	above
named license and (2) to f 2010.	the certificate of lie	quor liability	insurance	required by	Chapter 116	of the Acts
Please Check Below:			1.0	CAL LICENI	CINIC ALITHE	ODITY
APPROVED:			EO By	CAL LICENS	SING AUTH	ORII Y
DISAPPROVED:			Бу	•		
(If disapproved explain)						
DATE:						



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LICENSE NUI	MBER: 090200048		CITY OR TOWN	NORTHBO	ROUGH
APPLICATION	N FOR RENEWAL:	Annual	LICEN	SED FOR 20	13
		CLASS		•	YEAR
DOING BUSIN					
	0 WEST MAIN ST				
CITY/TOWN:	NORTHBOROUGH	STATE: MA	ZIP CODE:	01532	
MANAGER:	SU, ARTHUR TYI	PE OF LICENSE: Re	estaurant CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDR	RESS:				
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR I	EMAIL ADDRESS		
DESCRIPTION	N OF LICENSED PREMIS	SES:			
FRONT AND	NESE REST. AND SUSH 1 REAR ENTRANCE AN D AS UNIT #9 WITHIN A	D AN EMERGENC	Y EXIT LOCATED	IN KITCHEN	
I hereby certify	and swear under penalties	of perjury that:			
1. the	renewed license will be of	the same type for the	e same premises now	licensed;	
2. the	licensee has complied with	all laws of the Com	monwealth relating to	o taxes; and	
3. the	premises are now open for	business (If not exp	lain below)		
SIGNED BY	Individual, Partner	or Authorized Corp	orate Officer		
DATE:	TELEPHON	E NUMBER:		RIDENTIFICATI	
			(Note: NOT Ind	lividual Social Se	ecurity Number)
Acts of 2004,	rsigned, attest that we are signed by the building insee and (2) the certificate of	spector and the hea	d of the fire departi	ment for the	above
Please Check Belo	ow:		LOCAL LICENS	SING AUTHO	RITY
APPROVED:			By:		
DISAPPROVE					
(If disapproved	l explain)				
					
DATE			-		
DATE:			-		



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LICENSE NUM	IBER: 090200049		CITY OR TOWN	NORTHBOR	ROUGH
APPLICATION	FOR RENEWAL:	Annual	LICEN	SED FOR 201	3
		CLASS		Y	EAR
DOING BUSIN	ME: MARC TURO ESS A BISTRO LIMONO	ELLO			
	WEST MAIN ST				
	NORTHBOROUGH	STATE: MA	ZIP CODE:	01532	
MANAGER:	ΓURO, MARC TYPI	E OF LICENSE: Re	staurant CA	ATEGORY:	All Alcohol
EMAIL ADDRE	ESS:				
DEGCRIPTION	PLEASE ALSO VISIT OUR WEE		MAIL ADDRESS		
KITCHEN, SMA SEATING ARE PATRONS	STAURANT SPACE WIT ALL STORAGE AREA AI A LOCATED AT THE FR	ND RESTROOMS. RONT OF THE BUI	INCLUDE AN EN	CLOSED OUT	DOOR
1. the re 2. the li	and swear under penalties of enewed license will be of the censee has complied with a remises are now open for b	ne same type for the all laws of the Comr	nonwealth relating to		
SIGNED BY	Individual, Partner of	or Authorized Corpo	orate Officer		
DATE:	TELEPHONE	NUMBER:		IDENTIFICATIO	
Acts of 2004, si	igned, attest that we are i igned by the building insp and (2) the certificate of l	pector and the head	d of the fire departr	nent for the a	bove
Please Check Below APPROVED: [DISAPPROVEI (If disapproved of			LOCAL LICENS By:	ING AUTHO	RITY
DATE:					



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LICENSE NUI	MBER: 090200050		CITY OR TOWN N	ORTHBOROUGH
APPLICATIO	N FOR RENEWAL:	Annual	LICENSEI	O FOR 2013
		CLASS		YEAR
DOING BUSI	AME: YAMA ZAKURA (NESS A 9 WEST MAIN STREET	CORP.		
	NORTHBOROUGH	STATE: MA	ZIP CODE:	1532
	VONGKHAMHEUATYP NG,SIPPASONG			EGORY: All Alcohol
EMAIL ADDF	RESS:			
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTIO	N OF LICENSED PREMIS	ES:		
WILL DOUBL ROOM WILL WXPANDED LOCATION W	ST.,REAR EXIT FACES I LE OVERALL SPACE BY INCLUDE A TOTAL SEA KITCHEN AREA. EXPAN VITH AN ADDITIONAL V ONAL STORAGE.	INCORPORATING A TING CAPACITY ON TINDED SUSHI BAR A	ASJACENT PREMISI OF 75, WITH RECONI AND ENTRANCE MO	ES:KINING FIGURED AND VED TO NEW
I hereby certify	y and swear under penalties	of perjury that:		
1. the	renewed license will be of t	the same type for the	same premises now lice	ensed;
2. the	licensee has complied with	all laws of the Comm	onwealth relating to ta	xes; and
3. the	premises are now open for	business (If not expla-	in below)	
SIGNED BY	Individual, Partner	or Authorized Corpor	rate Officer	
DATE:	TELEPHON	E NUMBER:		ENTIFICATION NUMBER:
			(Note: NOT Individ	ual Social Security Number)
Acts of 2004,	rsigned, attest that we are signed by the building ins e and (2) the certificate of	pector and the head	of the fire departmen	nt for the above
Please Check Belo	ow:		LOCAL LICENSIN	G AUTHORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	d explain)			
DATE:				
~/11L.				



The Commonwealth of Massachusetts Alcoholic Beverages Control Commission 239 Causeway Street Boston, MA 02114 www.mass.gov/abcc

LICENSE NUME	BER: 090200051		CITY OR TOWN	NORTHBORO	UGH
APPLICATION I	FOR RENEWAL:	Annual	LICEN	SED FOR 2013	
		CLASS		YE	AR
	ME: MORMAX CORPOR CSS A BJ'S WHOLESALE				
ADDRESS 6102	SHOPS WAY				
CITY/TOWN: N	NORTHBOROUGH	STATE: MA	ZIP CODE:	01532	
MANAGER: M	IAREIRA, DIANE TYPE	OF LICENSE: Pa	ckage Store CA	ATEGORY: Al	l Alcohol
EMAIL ADDRES	SS:				
	PLEASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION (OF LICENSED PREMISE	S:			
BLDG.WITH DE STHAT WILL B	HOLIC BEVERAGES THE EFINED AISLES FOR THE E CORDONED OF DURIE F/EXIT,ASSITIONAL EXI	E DISPLAY OF A NG NON-SALES	LCOHOLIC BEVE HOURS. THE STO	RAGES FOR SA RE WILL HAVE	LE :
I hereby certify as	nd swear under penalties of	perjury that:			
•	newed license will be of the		same premises now	licensed;	
	ensee has complied with al	• •	*		
3. the pre	emises are now open for bu	siness (If not expl	ain below)		
SIGNED BY	Individual, Partner or	· Authorized Corp	orate Officer		
DATE:	TELEPHONE :	NUMBER:	EMPLOYER IDENTIFICATION NUMBER:		
			(Note: NOT Ind	ividual Social Securi	ty Number)
Please Check Below:			LOCAL LICENS	ING AUTHORI	ГΥ
APPROVED:			By:		
DISAPPROVED	·				
(If disapproved ex	xplaın)				
DATE:					



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LICENSE NUMBER: 09020005	2	CITY OR TOWN	NORTHBO	ROUGH
APPLICATION FOR RENEWA	AL: Annual	LICEN	SED FOR 20)13
	CLASS			YEAR
LICENSEE NAME: MAMA'S	PIZZERIA & MORE INC.			
DOING BUSINESS A MAMA'	S PIZZERIA & MORE			
ADDRESS 10 BLAKE STREET	7			
CITY/TOWN: NORTHBOROU	UGH STATE: MA	ZIP CODE:	01532	
MANAGER: ADAMS, JENNI	FERTYPE OF LICENSE: Res	staurant CA	ATEGORY:	Wine and Malt Cordials
EMAIL ADDRESS:				
PLEASE ALSO V	ISIT OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF LICENSED	PREMISES:			
ENTRANCE IN FRONT, DININE ENTRANCE, TABLES IN THE RIGHT SIDE OF THE WALL RESTROOMS, ALONG WITH THE REAR OF THE KITCHEN	MIDDLE FOR SEATING OF HALLWAY AFTER BOOTI EXIT ON THE LEFT SIDE OF	F FOUR WITHBOO HS ON RIGHT SIDI OF BUILDING IS T	OTHS ON THE E LEADS TO HE KITCHE	HE) N, IN
I hereby certify and swear under	penalties of perjury that:			
	vill be of the same type for the	•		
	olied with all laws of the Comr		o taxes; and	
3. the premises are now	open for business (If not explain	ain below)		
SIGNED BY Individua	l, Partner or Authorized Corpo	orate Officer		
DATE: TEI	LEPHONE NUMBER:	EMPLOYER (Note: NOT Ind		TION NUMBER: ecurity Number)
We the undersigned, attest that Acts of 2004, signed by the but named license and (2) the cert of 2010.	ilding inspector and the head	d of the fire departi	nent for the	above
Please Check Below:		LOCAL LICENS	ING AUTHO	ORITY
APPROVED:		By:		
DISAPPROVED: (If disapproved explain)				
(11 disapproved explain)				
DATE:				



The Commonwealth of Massachusetts Alcoholic Beverages Control Commission 239 Causeway Street Boston, MA 02114 www.mass.gov/abcc

APPLICATION FOR RENEWAL: CLASS CLASS YEAR LICENSEE NAME: SEA DOG STEAK & ALE ADDRESS 318 MAIN STREET CITY/TOWN: NORTHBOROUGH STATE: MA ZIP CODE: 01532 MANAGER: MINICHELLO, TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol MICHAEL EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSTIE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: APPROX. 4654 SQ FT OF RESTAURANT SPACE LOCATED WITHIN A STRIP MALL WITH A DINING ROOM, BAR AREA AND A FULLY FENCED IN OUTDOOR PATIO THERE ARE SIX EXIT DOORS AND ONE ENTRANCE, AS WELL AS REST ROOMS, AN OFFICE, KITCHEN, WALK IN REFRIDGERATOR AND FREEZER, LIQUOR ROOM AND BASEMENT STORAGE I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2004. LOCAL LICENSING AUTHORITY By: LICHALDERSE DEAT ALLE ALLE ALLE ALLE ALLE ALLE ALLE A	LICENSE NUN	MBER: 090200053		CITY OR TOWN	NORTHBOROUGH	
LICENSEE NAME: SEA DOG STEAK & ALE LLC DOING BUSINESS A SEA DOG STEAK & ALE ADDRESS 318 MAIN STREET CITY/TOWN: NORTHBOROUGH STATE: MA ZIP CODE: 01532 MANAGER: MINICHELLO, TYPE OF LICENSE:Restaurant CATEGORY: All Alcohol MICHAEL EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: APPROX. 4654 SQ FT OF RESTAURANT SPACE LOCATED WITHIN A STRIP MALL WITH A DINING ROOM, BAR AREA AND A FULLY FENCED IN OUTDOOR PATIO THERE ARE SIX EXIT DOORS AND ONE ENTRANCE, AS WELL AS REST ROOMS, AN OFFICE, KITCHEN, WALK IN REFRIDGERATOR AND FREEZER, LIQUOR ROOM AND BASEMENT STORAGE I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: LOCAL LICENSING AUTHORITY By: DISAPPROVED: DISAPPROVED: DISAPPROVED:	APPLICATION	N FOR RENEWAL:	Annual	LICEN	SED FOR 2013	
DOING BUSINESS A SEA DOG STEAK & ALE ADDRESS 318 MAIN STREET CITY/TOWN: NORTHBOROUGH STATE: MA ZIP CODE: 01532 MANAGER: MINICHELLO, TYPE OF LICENSE:Restaurant CATEGORY: All Alcohol MICHAEL EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: APPROX. 4654 SQ FT OF RESTAURANT SPACE LOCATED WITHIN A STRIP MALL WITH A DINING ROOM, BAR AREA AND A FULLY FENCED IN OUTDOOR PATIO THERE ARE SIX EXIT DOORS AND ONE ENTRANCE, AS WELL AS REST ROOMS, AN OFFICE, KITCHEN, WALK IN REFRIDGERATOR AND FREEZER, LIQUOR ROOM AND BASEMENT STORAGE I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: LOCAL LICENSING AUTHORITY APPROVED: By: DISAPPROVED: By:			CLASS		YEAR	
ADDRESS 318 MAIN STREET CITY/TOWN: NORTHBOROUGH STATE: MA ZIP CODE: 01532 MANAGER: MINICHELLO, TYPE OF LICENSE:Restaurant CATEGORY: All Alcohol MICHAEL EMAIL ADDRESS: FLASS ALSO VISIT OUR WERSTE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: APPROX. 4654 SQ FT OF RESTAURANT SPACE LOCATED WITHIN A STRIP MALL WITH A DINING ROOM, BAR AREA AND A FULLY FENCED IN OUTDOOR PATIO. THERE ARE SIX EXIT DOORS AND ONE ENTRANCE, AS WELL AS REST ROOMS, AN OFFICE, KITCHEN, WALK IN REFRIDGERATOR AND FREEZER, LIQUOR ROOM AND BASEMENT STORAGE I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: LOCAL LICENSING AUTHORITY APPROVED: By: DISAPPROVED: By:	LICENSEE NA	AME: SEA DOG STEAK &	& ALE LLC			
MANAGER: MINICHELLO, TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol MICHAEL EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: APPROX. 4654 SQ FT OF RESTAURANT SPACE LOCATED WITHIN A STRIP MALL WITH A DINING ROOM, BAR AREA AND A FULLY FENCED IN OUTDOOR PATIOTHERE ARE SIX EXIT DOORS AND ONE ENTRANCE, AS WELL AS REST ROOMS, AN OFFICE, KITCHEN, WALK IN REFRIDGERATOR AND FREEZER, LIQUOR ROOM AND BASEMENT STORAGE I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER:	DOING BUSIN	NESS A SEA DOG STEAK	& ALE			
MANAGER: MINICHELLO, TYPE OF LICENSE:Restaurant CATEGORY: All Alcohol MICHAEL EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: APPROX. 4654 SQ FT OF RESTAURANT SPACE LOCATED WITHIN A STRIP MALL WITH A DINING ROOM, BAR AREA AND A FULLY FENCED IN OUTDOOR PATIOTHERE ARE SIX EXIT DOORS AND ONE ENTRANCE, AS WELL AS REST ROOMS, AN OFFICE, KITCHEN, WALK IN REFRIDGERATOR AND FREEZER, LIQUOR ROOM AND BASEMENT STORAGE I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: LOCAL LICENSING AUTHORITY By: DISAPPROVED: DISAPPROVED:	ADDRESS 318	3 MAIN STREET				
MICHAEL EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: APPROX. 4654 SQ FT OF RESTAURANT SPACE LOCATED WITHIN A STRIP MALL WITH A DINING ROOM, BAR AREA AND A FULLY FENCED IN OUTDOOR PATIOTHERE ARE SIX EXIT DOORS AND ONE ENTRANCE, AS WELL AS REST ROOMS, AN OFFICE, KITCHEN, WALK IN REFRIDGERATOR AND FREEZER, LIQUOR ROOM AND BASEMENT STORAGE I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: LOCAL LICENSING AUTHORITY By: DISAPPROVED: DISAPPROVED:	CITY/TOWN:	NORTHBOROUGH	STATE: MA	ZIP CODE:	01532	
DESCRIPTION OF LICENSED PREMISES: APPROX. 4654 SQ FT OF RESTAURANT SPACE LOCATED WITHIN A STRIP MALL WITH A DINING ROOM, BAR AREA AND A FULLY FENCED IN OUTDOOR PATIOTHERE ARE SIX EXIT DOORS AND ONE ENTRANCE, AS WELL AS REST ROOMS, AN OFFICE, KITCHEN, WALK IN REFRIDGERATOR AND FREEZER, LIQUOR ROOM AND BASEMENT STORAGE I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: LOCAL LICENSING AUTHORITY By: DISAPPROVED: DISAPPROVED: DISAPPROVED:			E OF LICENSE: Re	staurant CA	ATEGORY: All Alcoh	ıol
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DISAPPROVED:	Please Check Belo	<u>W:</u>		LOCAL LICENS	ING AUTHORITY	
	APPROVED:					
(If disapproved explain)						
	(If disapproved	explain)				
DATE	DATE:					



The Commonwealth of Massachusetts Alcoholic Beverages Control Commission 239 Causeway Street Boston, MA 02114 www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 090200054		CITY OR TOWN	NORTHBO	ROUGH
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 20	13
	CLASS		,	YEAR
LICENSEE NAME: WEGMANS MASSACE	IUSETTS, INC			
DOING BUSINESS A WEGMANS				
ADDRESS 9102-9104 SHOPS WAY				
CITY/TOWN: NORTHBOROUGH S'	TATE: MA	ZIP CODE:	01532	
MANAGER: RUSSELL, KEVIN TYPE OF	LICENSE:Pac	kage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEBSITE ADESCRIPTION OF LICENSED PREMISES:	AND ENTER YOUR EM	IAIL ADDRESS		
I hereby certify and swear under penalties of pe 1. the renewed license will be of the sa 2. the licensee has complied with all la 3. the premises are now open for busine	me type for the ws of the Comm	nonwealth relating to		
SIGNED BY Individual, Partner or Au	nthorized Corpo	rate Officer		
DATE: TELEPHONE NU	MBER:	EMPLOYER (Note: <u>NOT</u> Indi		ION NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	DRITY
DATE:				